

## MATERIALS AND METHODS

**HOUSE SELECT COMMITTEE ON ASSASSINATIONS STUDY DIRECTORS**

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FILE TITLE/NUMBER/VOLUME: KARTY, FLORYAN R.

KARTY, FLORYAN R.

INCLUSIVE DATES: 10 July 1951 - 9 Feb 1972

**CUSTODIAL UNIT/LOCATION:** *OP*

ROOM: 5E13

DELETIONS, IF ANY: \_\_\_\_\_

NO DOCUMENTS MAY BE COPIED OR REPRODUCED FROM THIS FILE

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14-00000

Personnel Actions  
After Mexico City Assignment

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 009274		2. NAME (Last-First-Middle) CHARLES R.				11 SEPTEMBER 1963	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED 09 15 63	5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS V TO V CF TO V		V TO CF XX CF TO CF	7. COST CENTER NO. CHARGEABLE 1135-5700-1000				
8. ORGANIZATIONAL DESIGNATIONS DDP NH BRANCH 3 MEXICO, MEXICO STATION CITY				10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO			
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 418	13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12	17. SALARY OR RATE 9790 ✓			
18. REMARKS FROM: DDP/NH/400/MEXICO STATION							
Recorded by CSPD Lhu							
18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/NH/PERS			DATE SIGNED 9/18/63	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Dwight M. Collins			DATE SIGNED 13 Sep 63
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37	20. EMPLOYEE CODE 10	21. OFFICE CODING 11000000	22. STATION CODE 15075	23. INTERSTATE CODE 3	24. INTRASTATE CODE 01106102	25. DATE OF BIRTH 00 00 00	26. DATE OF GRADY 00 00 00
27. DATE EXPIRES NO. 0000	28. SPECIAL REFERENCE NO. 0000	29. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	30. DATA CODE CODE	31. SEPARATION DATA CODE CODE	32. CORRECTION/CANCELLATION DATA CODE	33. SECURITY REG. NO. EOD DATA	34. SEX M
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 yrs 2 - 10 yrs	36. SERV. COMP. DATE MO. 00 YR. 00	37. LONG. COMP. DATE MO. 00 YR. 00	38. CAREER CAPABILITY CODE PROV/TEMP	39. FEAT / HEALTH INSURANCE CODE 0 - UNINS 1 - YES	40. HEALTH INS. CODE CODE	41. SOCIAL SECURITY NO.	
42. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO SERVICE IN SERVICE 2 - SERVICE IN SERVICE (LESS THAN 3 YRS) 3 - SERVICE IN SERVICE (MORE THAN 3 YRS)		43. LEAVE DAY CODE CODE 1 - YES 2 - NO	44. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		45. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO		46. STATE CODE CODE
47. POSITION CONTROL CERTIFICATION R. Deering, 9/18/63				48. O.P. APPROVAL Robert D. Loyd			DATE APPROVED 13 Sep 63

SECRET

(When Filled In)

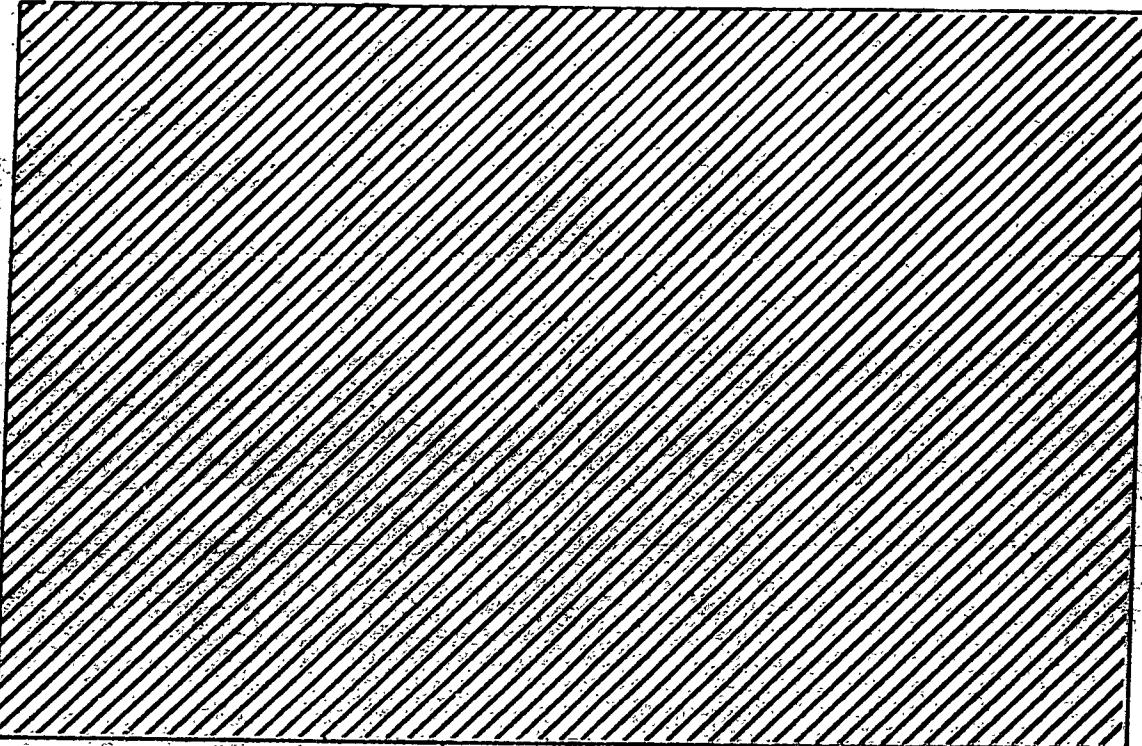
71B

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER <i>XXB</i> 009274	2. NAME (Last-First-Middle) <i>KARRY, F R.</i>			17 JULY 1963	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>06 09 63</b>	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS ►	V TO V CF TO V	✓ XX	V TO CF CF TO CF	7. COST CENTER NO. CHARGED ABLE <b>4135-5700-1000</b>	8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS <b>DDP WH BRANCH 3 MEXICO, MEXICO STATION</b>				10. LOCATION OF OFFICER'S STATION <b>City MEXICO, MEXICO</b>	
11. POSITION TITLE <b>OPS OFFICER</b>				12. POSITION NUMBER <b>400</b>	13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS</b>	15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>12 - 2</b>	17. SALARY OR RATE <b>8775 8790</b>		
18. REMARKS  FROM: DDP/FE/2120/BANGKOK STATION/OPERATIONS BRANCH <i>Tray 27</i> 1 COPY TO FINANCE DIVISION AND OFFICE OF SECURITY  Recorded by CSPD <i>EJP</i>					
19. SIGNATURE OF APPROVING OFFICIAL <i>Robert D. Cashman</i>		DATE SIGNED <i>7/8/63</i>	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Jim Collins</i>		DATE SIGNED <i>23 July 63</i>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE <b>37</b>	20. EMPLOYEE CODE <b>10</b>	21. OFFICE SCORING <b>64702 WH 45015</b>	22. STATION CODE <b>45015</b>	23. EMPLOYEE CODE <b>3</b>	24. DATE OF BIRTH <b>01 06 13</b>
25. VET. PREFERENCE <b>0 - NONE 1 - 3 BY 2 - 10 AF</b>	26. DEP. COMM. DATE <b>000 000 0000</b>	27. LENGTH COMM. DATE <b>000 000 0000</b>	28. CAREER CATEGORY <b>CARRIER PROV/FIND</b>	29. FEGL / HEALTH INSURANCE <b>C = RELIEVE 1 = YES</b>	30. SOCIAL SECURITY NO. <b>000-00-0000</b>
31. PREVIOUS GOVERNMENT SERVICE DATA <b>CODE</b>	32. PREV. DATE <b>CCCE</b>	33. PREV. DATE <b>000 000 0000</b>	34. FEDERAL TAX DATA <b>FORM EXECUTIVE CODE 1 = YES 3 = NO</b>	35. STATE TAX DATA <b>FORM EXECUTIVE CODE 1 = YES 2 = NO</b>	36. STATE CODE
37. POSITION CONTROL CERTIFICATION <i>Rejoining 6/25/63</i>			38. O.P. APPROVAL <i>Joseph B. Maguire</i>		
			DATE APPROVED <i>23 July 63</i>		

*go home*

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**SECRET**  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Kortz, Maryan	wife - Gertrude	63-097

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 23 Dec 62. *ruptured intestine*

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 3 MAY 1963	SIGNATURE OF BSO REPRESENTATIVE <i>B. Detolice</i>
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#### NOTICE OF OFFICIAL DISABILITY CLAIM FILE

14-00000

Personnel Actions  
prior to Mexico City  
Assignment

**SECRET****REPRODUCTION MASTERS****BIOGRAPHIC PROFILE****SECRET****H a n d l e   W i t h   C a r e**

**CONFIDENTIAL**  
(When Filled In)

**NOTICE OF CREDITABLE SERVICE**  
[FOR LEAVE PURPOSES]

PREPARE IN ORIGINAL FROM STANDARD FORM NO. 144 AND FORWARD TO FINANCE OFFICE.

NAME (Last First, Middle)

OFFICE (and Division)

*John L. Bischoff*

**POSTURE**

**OR-4b**

**(P)**

**DDP/WH**

SERVICE COMPUTATION DATE:

**26 Dec 1948**

**2 March 1983**

SIGNATURE DATE

**JOHN L. BISCHOFF, Chief/SCAPS**

CHIEF, TRANSACTIONS AND REVENUE BRANCH

FORM NO. 144  
1 MAR 54 37-157

**CONFIDENTIAL**

**144**

14-00000

ORIGINAL Biographical Profile

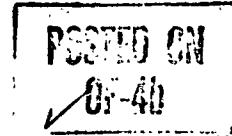
(sanitized version in file)

14-00000

Personnel Actions <sup>affter</sup>  
Mexico City Assignment

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1956; SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN FUNDS	GR-ST	OLD SALARY	NEW SALARY
KARTYI, FLORIAN R.	009274	91 700 CF	GS 12 3	\$10,105	\$10,640



8 JAN 1969

13  
DLS: KX SEPT 63SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)											
009274		KARTY, FLORYAN R.											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
REASSIGNMENT				09 15 63		REGULAR							
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
		<input checked="" type="checkbox"/>	X	<input type="checkbox"/>	CP TO CP	4135 5700 1000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION											
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION		MEXICO CITY, MEXICO											
11. POSITION-TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION									
OPS OFFICER		0418		D									
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE							
GS		0136.01		12 2		9790							
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC	22. STATION CODE ALPHABETIC	23. INTEGEE CODE	24. MONTH	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES					
37	10	51400	WH	45075	3	01	06	12	NO	DA	YR		
28. HIE EXPIRES NO DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TICK	33. SECURITY REG. NO.	34. SEX	35. VET PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO
41. PREVIOUS GOVERNMENT SERVICE DATA CODE		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	45. NO TAX EXEMPTIONS CODE	46. STATE CODE EXEMPT							
SIGNATURE OR OTHER AUTHENTICATION													
POSTED OCT 24 1963 JK													

SECRET  
(When Filled In)

MHC: 31 JULY 63

NOCB		NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 009274	2. NAME (LAST-FIRST-MIDDLE) <i>KARTY, ELROY H R</i>												
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE NO 06 09 63		5. CATEGORY OF EMPLOYMENT REGULAR							
6. FUNDS ➡ EF TO V      X      EF TO C		7. WUST CENTER NO. CHARGEABLE 4135 5700 1000			8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION				10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO									
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 0400			13. SERVICE DESIGNATION D						
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 2		17. SALARY OR RATE 9790							
18. REMARKS <i>POSTED 8/1/63</i>													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE 37	20. EMPLOY. CODE 1.0	21. OFFICE CODING NUMERIC 64700	22. STATION CODE ALPHABETIC WIS	23. INTEGRIE CODE CODE 45075	24. MOBIL. CODE CODE 3	25. DATE OF BIRTH MO DA YR 01 06 12	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR					
28. HIRE EXPIRES NO. DA YR 	29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE	30. RETIREMENT DATA CODE 	31. SEPARATION DATA CODE CODE 	32. CORRECTION/CANCELLATION DATA TYPE 	33. SECURITY REQ. NO.	34. SEX							
35. VET. PREFERENCE CODE 0 - LONG 1 - 6 PT. 2 - 10 PT.	36. SERV. COMP. DATE MO DA YR 	37. LONG. COMP. DATE MO DA YR 	38. CAREER CATEGORY CODE 	39. FEGL / HEALTH INSURANCE CODE 0 - WORKER 1 - YES 	40. SOCIAL SECURITY NO CODE 								
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS	42. LEAVE CAT CODE 	43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	45. TAX EXEMPTIONS CODE 	46. TAX EXEMPT CODE 	47. STATE CODE CODE 							
SIGNATURES OR OTHER AUTHENTICATION <i>AS/for G3 P/K</i>													
POSTED <i>AS/for G3 P/K</i>													

A. Fitness Reports covering Period officer  
Mexico City Government

B. Personnel Actions for Period Officer  
to Mexico City Government

SECRET

(When Filled In)

<b>FITNESS REPORT</b>					EMPLOYEE SERIAL NUMBER 009274
<b>GENERAL</b>					
1. NAME (Last) <i>KIRBY FLICKER</i>		(First) <i>Kirby</i>	(Middle) <i>Flicker</i>	2. DATE OF BIRTH <i>1912</i>	3. SEX <i>M</i>
4. GRADE <i>GS-12</i>		5. SD <i>D</i>		6. OFF/CIV/BR OF ASSIGNMENT <i>DDP/WH/1</i>	
7. CURRENT STATION <i>Mexico City</i>				8. CHECK (X) TYPE OF REPORT	
9. CHECK (X) TYPE OF APPOINTMENT		INITIAL		REASSIGNMENT SUPERVISOR	
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)		ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):	
10. CHECK (X) TYPE OF REPORT		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. <i>December 1964</i>		12. REPORTING PERIOD (From To) <i>1 Jan 1964 - 22 November 1964</i>			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <i>Case Officer for Soviet access agents.</i>				RATING LETTER <i>P</i>	
SPECIFIC DUTY NO. 2 <i>Analyst work, preparing Soviet personality reports.</i>				RATING LETTER <i>S</i>	
SPECIFIC DUTY NO. 3 <i>Transcription into English of Russian technical product, and preparation of interpretative renditions of same when necessary.</i>				RATING LETTER <i>O</i>	
SPECIFIC DUTY NO. 4				RATING LETTER	
SPECIFIC DUTY NO. 5				RATING LETTER	
SPECIFIC DUTY NO. 6		<i>REGISTERED</i>		RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperation, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <p><i>7 JAN 1965</i></p>					
				RATING LETTER <i>S</i>	

**SECRET**

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Handwriting performance of managerial or supervisory duties must be described, if applicable. As explained in the previous fitness report, Subject was assigned to the Station for the purpose of taking charge of the Station's joint telephone tap center, a position for which he was and is eminently qualified by reason of extensive experience and outstanding language qualifications. However, this position did not materialize because of circumstances beyond the control of Subject and the Station.

It was therefore subsequently decided to train Subject locally, and have him gradually assume case officer and analyst responsibilities in certain simpler aspects of the Station's Soviet program.

Given the circumstances that Subject had not had prior case officer or analytical experience (or even any substantial past exposure to operations to give him vicarious experience) he progressed more than adequately in absorbing the training offered, in assuming responsibility for two Soviet operations and in the preparation of analytical studies on the Soviet complement. Given the further circumstances that the Station did not have the time to train him more than superficially, and that the operations he handled were basically uncomplicated, it must be stated that Subject cannot now be considered to be a case officer.

This conscientious and intelligent officer has high interest and enthusiasm for operations, but it is believed that his forte and future lies in the management of technical operations. This has been recognized also by Headquarters in the assignment presently planned for him.

As a staff agent under tourist cover, he and his family adapted themselves remarkably well to the deep cover situation and to all other environmental factors.

**SECTION D****CERTIFICATION AND COMMENTS**

1.

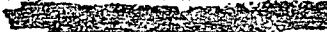
BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

23 November 1964

SIGNATURE OF EMPLOYEE



2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

23 November 1964

OFFICIAL TITLE OF SUPERVISOR

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

s/ Herbert Manell

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

23 November 1964

OFFICIAL TITLE OF REVIEWING OFFICIAL

COS

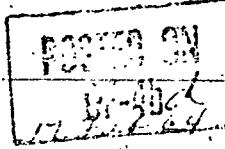
TYPED OR PRINTED NAME AND SIGNATURE

s/ Winston K. Scott

**SECRET**

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 009274
<b>SECTION A</b>				
<b>GENERAL</b>				
1. NAME (Last) [REDACTED] (First) [REDACTED] (Middle) [REDACTED]	2. DATE OF BIRTH 6 Jan 1912	3. SEX M	4. GRADE GS-12	5. SD D
6. OFFICIAL POSITION TITLE Operations Officer	7. OFF/DIV/BR OF ASSIGNMENT DDP BH 3	8. CURRENT STATION Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 28 February 1964		12. REPORTING PERIOD (From - To) 6 August 1963 - 31 December 1963		
<b>SECTION B</b> PERFORMANCE EVALUATION				
<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
<b>S - Strong</b>	Performance is characterized by exceptional proficiency.			
<b>O - Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
<b>SPECIFIC DUTIES</b>				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).				
SPECIFIC DUTY NO. 1 Translation of Russian and Spanish materials.				RATING LETTER S
SPECIFIC DUTY NO. 2				RATING LETTER
SPECIFIC DUTY NO. 3				RATING LETTER
SPECIFIC DUTY NO. 4				RATING LETTER
SPECIFIC DUTY NO. 5				RATING LETTER
SPECIFIC DUTY NO. 6				RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and potential limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				
14 FEB 1964				RATING LETTER S

**SECRET**

(When Filled In)

SECTION C	NARRATIVE COMMENTS	OFFICE OF OP.
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p style="text-align: right;">26 PM 264</p> <p><i>From the time of Subject's arrival in Mexico and through December 1963, he was utilized principally in translation work and was held on tap to the position of heading up the Station's joint telephone tap center. Circumstances beyond the control of the Station and Subject are responsible for the fact that the incumbent in charge of the center will continue these duties and Subject will be given other responsibilities.</i></p> <p><i>Primarily, Subject will be trained to handle analyst and case officer responsibilities in the Soviet field. The level and range of the responsibilities will depend on the progress Subject makes in handling these duties in a manner satisfactory to the Station.</i></p> <p><i>Subject is most conscientious and effective in every assignment given him to date, and the Station is extremely pleased to have him available as an outside Station asset. He is enthusiastic about all his work, including certain part-time routine and arduous duties, and he looks forward with confidence to the prospect of becoming a case officer. Although it is premature to state positively that Subject will succeed as a case officer, the supervisor believes that Subject will undoubtedly progress adequately.</i></p> <p><i>Subject and his family have acclimated themselves excellently to the deep cover situation, faster than most of the Station's other staff agents, and certainly with fewer problems and requests for guidance from the Station's staff.</i></p>		
SECTION D	CERTIFICATION AND COMMENTS	
1.	BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 29 January 1964	SIGNATURE OF EMPLOYEE	
2.	BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYER, GIVE EXPLANATION	
DATE 29 January 1964	OFFICIAL TITLE OF SUPERVISOR Operations Officer	TYPED OR PRINTED NAME AND SIGNATURE /S/ Herbert Manell
3.	BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL		
DATE 29 January 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE /S/ Winslow M. Scott

**SECRET**

Pre 1961  
Fitness Reports  
and other personnel  
documents